FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # 257035 1. Entity Name ELDRED CONSTRUCTION & REALTY CORP. 04-12-2001 90051 004 \*\*\*150.00 Principal Place of Business Mailing Address 5219 MICHLAR DR. 5219 MICHLAR DR. LAKE WORTH FL 33467 LAKE WORTH FL 33467 141001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0951362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELDRED, KENNETH Street Address (P.O. Box Number is Not Acceptable) 5219 MICHLAR DRIVE LAKE WORTH FL 33314 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE Change ☐ Addition TITLE ELDRED, KENNETH NAME NAME STREET ADDRESS **5219 MICHLAR DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Delete TITLE TITLE NAME **ELDRED, ELSIE** NAME STREET ADDRESS STREET ADDRESS 5219 MICHLAR DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Delete Addition ELDreD, Richard ELDRED, RICHARD NAME 12785 Sandy Run Japiter FL 334 STREET ADDRESS 5555 COUGAR PROWL STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Kenneth S. ELDred 4/9/01 561-4331544